

MULTIPLE DEDUCTIBLE CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	957080	FILING DATE
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APPLICANT'S NAME

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	1					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	29	↓	↓	↓	↓	
TOTAL CLAIMS	30					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.		↓	↓	↓	↓	↓		
TOTAL CLAIMS								